

INVERTEBRATE ZOOLOGY

Dates: July 27-31, 2009

Location: Weber State University with field trips

Credit: USOE or 3 Weber State University semester hours

Instructor: Dr. John Mull

Instructor Contact Information:

Dr. John Mull jmull@weber.edu 801-626-6173

Registration Fee and Deposit:

\$275 registration fee; \$40 deposit payable to WSU

Send registration form and deposit to:

Dr. Sharon Ohlhorst
Center for Science and Mathematics Education
Weber State University
2509 University Circle
Ogden, UT 84408-2509
(801) 626-6160; csme@weber.edu



Registration Contact Information:

Dr. Sharon Ohlhorst or Jodie Kempton: csme@weber.edu; 801-626-6160

Course Description:

We will spend the week exploring a variety of aquatic and terrestrial habitats of Northern Utah in search of their diverse and abundant invertebrates. Our excursions will take us to the subalpine meadows and forests of the Wasatch Range, the Great Salt Lake and its adjacent marshes, and the Great Basin Desert. Participants will learn about the biology and identification of common invertebrate groups. They will also learn to use these animals with their students to explore the scientific process and demonstrate basic scientific concepts and principles. There will be several day trips originating from the Weber State University campus.

Final grades will be posted in December pending course/homework completion.

All course communication will be made thru the email address provided on your registration form. (Please provide an out of school summer contact for much of the correspondence may occur during the summer prior to the beginning of the course.)



2009 Science Professional Development Registration Form

(Duplicate as Necessary)

Mail to:

Workshop Contact:

Workshop Title	Date	Location	Registration Fee

Contact Information:

Teacher: _____
District: _____
School: _____
Grade Level/Subject: _____
Home Address: _____
City: _____ Zip: _____
Home phone: _____
School phone: _____
CACTUS # : _____
E-mail: _____

Commitment to Attend & District Approval:

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: _____

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # _____ enclosed **OR**

☐ **SCHOOL** _____ **OR**
Principal

☐ **DISTRICT** _____
District Representative

**Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

Return this completed registration form and your refundable deposit check to the above listed workshop contact.

A separate registration form must be submitted for each workshop you plan to attend.